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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE TREATMENT OF PHLEGMONOUS INFLAMMATION OF THE FEMALE BREAST.

BY JOHN B. C. GAZZO, M. D.,
Of Thibodeaux, La.

The swelling of the female breast which precedes the formation and dissemination of cellular inflammation, with a tendency to suppuration, resulting from natural childbirth, is caused, in the first instance, by retention of the milk, and the consequent distention of the lactiferous ducts. But this is not the only cause of the local derangement that speedily follows; for the vascular system of the mammæ is wonderfully increased preparatory to and during lactation; and therefore, when this augmented circulation of the breast is checked in the constitutional performance of its proper function, the secretion of milk, it often tends to form, with great rapidity, vicarious and unhealthy products, especially when the mammary glands become swollen, painful, and indurated, accompanied by a high degree of fever, in consequence of suppression of the milk. Hence proceeds the obstinacy of many such cases after parturition, which are frequently found to be not amenable to the common methods of treating local congestion and inflammation. All practical physicians are, consequently, obliged to adopt various modes of treatment and remedies; and the skillful accoucheur is often enabled, by attention and care, to save his patient from the suffering accompanying such affections.

While practicing, many years ago, in the parish of Terrebonne, La., I had a large obstetric practice as an accoucheur, and was called to attend to thirty-four or thirty-five cases of mammary inflammation. During this period I found, in most of these patients, that the mammary glands had become swollen to the size of an egg, in the right and left breasts. They had been afflicted in like manner on previous occasions, after accouchement or childbirth, with headache and flushing of the face. Subcutaneous mammary inflammation of the female breast proceeds much as an ordinary phlegmon. The presence of granular corpuscles in the milk, after a certain period, is, unquestionably, to be regarded as an irregular and morbid condition. I have observed that they are produced, and more numerous, when the health of the woman is deranged by disease, whether this be general or of the womb itself, or under the influence of fever, or by an engorgement of the mammæ, which produces an alteration of the milk, and adds to the conditions which will be found to be most troublesome, and often most distressing in this complaint. No organ of the body is capable of producing a greater amount of suffering to the patient, and vexation to the physician, than the female breast.

I ordered light diet, alteratives, tonic medicines, and various local applications, to most of these patients; when these proved inefficient I applied a moistened compress, with the linimentum ammonia iodide et chloroformi,* and applied it to the breast, as high as the axillæ,

* For the preparation of the liniment of ammonia iodide and chloroform, see MEDICAL AND SURGICAL REPORTER, November 7th, 1874.

carefully enveloping the diseased mammæ, covering the compress with oiled silk, and keeping the whole in a suspensory bandage; during the first day renewed the application once in two or three hours. The remedy may be resorted to on the following day. This proceeding must be repeated every day until the swelling disappears, which is, usually, the second or third day. The liniment of chloroform and iodide of ammonia should be applied at the onset of the disease, the moment that pain and engorgement of the mammary glands manifest themselves; it will then act as an abortive in suppressing incipient pain, and thereby prevent the inflammation which threatens the mammary structure. The inflammatory period of the mammary is not only shortened, but the entire duration of the disease is diminished by at least one-half. After the large, heavy and inflamed mammæ become perfectly flaccid, completely cool, and as soon as the flow of milk begins anew, allowing of the freest handling, omit the chloroform ammonia iodide liniment application. The only inconvenience attending its application is the irritation produced upon the skin; this, however, is more than compensated for by the derivative action of the iodide of ammonia and chloroform liniment upon the inflamed breast, which will very often, in all probability, prevent abscess and suppuration.

The benefit of the application to the breast of the ammonia and iodide of chloroform liniment is according to the effect sought to be produced; it should be gradually increased until the full influence of its medicinal properties is obtained. It promotes the milk secretion, and imparts energy to the glandular functions. I trust the medical profession will give this remedy a fair trial, for its use seems to promise much good. I have prescribed it with much success in the premonitory stages of hemorrhage, bilious melæna, and congestion of the cellular tissue. Owing to an alteration of the blood in fever, it modifies and corrects, in a very remarkable manner, the condition of the mucous discharges, and usually serves to diminish hematemesis, if present, and to bring all the secretions to a more normal condition, and appears to exercise rather a serviceable than dangerous effect upon the gastro-intestinal inflammations produced by fever. From its very prompt and distinguished hemostatic, alterative and resolvent virtues, in cases where we desire a prompt and immediate impression, the liniment, according to the formula, applied frequently, will be found remarkably active and efficacious.

In addition to appropriate medical remedies and indications during the whole course of the disease, I have in some instances ordered the following prescriptions, which were employed with the happiest results; the first being an excellent detergent and purifier of the blood, preventing the formation of matter within the glandular system; and the second being used as a tonic in restoring the mucous membranes. Constitutionally, I have also used the remedies embraced in these formulæ, to prevent the serious effects of phlegmonous inflammation in the system generally.

℞.	Potassæ chlorat pulv.	℥ij
	Aquæ destil.	℥viij
	Acidi. hydrochlorici	gtt. xxx
	Syrupus auranti	℥iij.

Sig. One tablespoonful every two hours.

℞.	Cinchonæ sulph.	℥ij
	Quiniæ citras ferri.	℥iij
	Tinct. ferri. chloridi	℥ij
	Syrupi sennæ	℥vij.

Sig. One tablespoonful three times a day after diet or meals.

I take this present opportunity of reporting from my record book, for publication, a brief detailed statement and diagnosis of a case affected with engorgement of the mammary glands, which occurred last month.

On the 24th of November, 1875, at 4 o'clock P. M., I was called to attend and prescribe for the patient, Mrs. M. S. H., aged 25 years; delicate looking; leuco-phlegmatic temperament; she was the mother of three children, suckling her last born child one month, when tumefaction of her breast made its appearance, which had been caused by chapped nipples. The inflammation of the skin extended directly into the ducts, and exudation had taken place, plugging up the lactiferous vessels or ducts, by which the milk was pent in, and engorgement was the consequence. Finding the mammary glands large, heavy, and intensely painful, I clasped the breasts with my hands, and made pressure in the direction of the nipple; a thin, transparent, whitish vesicle was produced, by the milk accumulating behind the closed orifice of the ducts. I recommended her the liniment of ammonia iodide and chloroform, to be rubbed in over the tumor of the breast, one inch beyond it, every three hours.

On my second visit, the 25th of November, I found her to be laboring under an attack of acute metritis which had set in suddenly, with rigors, followed by the succession of an attack of gastritis the next day after, producing an induration of the mammary gland in the other breast, the result of distention of the lacteal tubes in the right breast. She was at that time laboring under a high degree of fever and suppression of the milk in both breasts. I gave her a compound saline purgative, with hydrochloric acid, quiniæ sulph. and magnesia sulphate, in divided doses, two or three times a day; it did not disturb the stomach nor interfere with the digestion, acting on the bowels and womb, and as a tonic, promoting the normal secretion of milk. On my third visit, a few days after, much relief was experienced. On the fifth day, continued the external application of the liniment of ammonia iodide and chloroform every two hours; the tumor in the breast had very sensibly diminished since my third visit. On my last visit, I found the breast of the patient perfectly flaccid, completely cool, and admitting of the freest palpation and handling, without the patient making any complaint; she could now leave her bed. She was radically cured the seventh day, and the flow of milk recommenced, as in the normal state of health.

OBSTETRIC NOTES.—POST-PARTUM HEMORRHAGE—PLACENTAL DELIVERY—RUPTURED PERINEUM.

BY E. L. DRAKE,
Of Fayetteville, Tenn.

Post-partum Hemorrhage.

Several years since, I had a case of post-partum hemorrhage which exhibited a feature I had never noticed before at the bedside nor in books. The hemorrhage was rapid and exhausting, and I plugged up the vagina with a tampon of cotton rags, maintaining it *in situ* with the hand; this checked the outward flow effectually, but in a short time the uterus rose as high as the umbilicus, from accumulation of blood. Fluid extract of ergot had been given, and frictions were now made on the abdomen. The patient's appearance at this time was characteristic; her lips were livid, and her face was overspread with a deadly pallor, and pinched. After a brief period uterine contraction set in, and in a few minutes more the organ was felt as a hard globular mass in the hypogastrium; this struck me with surprise, as I am certain not a teaspoonful of blood escaped per vaginam, for I watched this point with the greatest solicitude. Coincidently with this event color came to her face and lips, and a more natural expression; her pulse also recovered strength. What became of this effused blood? Evidently it was forced back into the general circulation by uterine contraction. If my premises are correct, and I don't think I could have been mistaken as to the facts, it becomes an interesting question in obstetrics to ascertain something of the extent and frequency of the process detailed above. If it is a normal process, then the entrance of emboli into the circulation would be accidental, and, logically, the most important measure in dangerous post-partum hemorrhage would be to close the vagina mechanically and excite uterine contraction, as rapidly as possible, before the effused blood loses its vital properties by stasis and coagulation.

Placental Delivery.

In some cases of retained placenta, from adhesions, hour-glass contraction, or want of contraction, I have succeeded very satisfactorily by tamponing the vagina well, and waiting; in the course of an hour or more the separation and extrusion of the placenta are announced by a sharp pain which causes the patient to cry out. The irritation of the tampon on the vagina and os is almost certain to provoke uterine contractions of the expulsive kind, as is well known. My experience leads me to say that it also effects dilatation of the os, and that it meets the indication for this purpose to a limited extent.

Operation for Coccyodynia and Ruptured Perineum.

I cite this case, not to bring forward anything new, but to show how one operation favored the success of another. The patient was past 25 years old when married, and her first child was delivered by craniotomy; the perineum was ruptured to the verge of the anus, but her physician made no attempt to repair the damage. In her second confinement I was in consultation; she had been in labor twelve hours, and the child's head had come down against the perineum in two hours after pains had set in, but showed no disposition to take the Carus curve, although expulsive efforts were

strong. By pressing the child's head against the pubis, I delivered her of a large male child in a few minutes. Some months after this, on being called to see her, I found her suffering with occasional chills, obstinate constipation, and painful defecation. She had been using for a considerable time active cathartics, aided by enemas; her womb was prolapsed and anteverted, the os pressing firmly against the rectum; this last fact accounted for the constipation, as the fecal matter was prevented from reaching the plane of the sensitive nerves of the lower portion of the rectum, and she felt no call to stool, evacuation taking place only when the gut was distended with an enema; there were occasional discharges of strings of inspissated mucus, moulded by the rectal folds, and sometimes pus; the vagina was dry and pale, from the frequent ingress of air through the ruptured perineum; there was some mucopurulent discharge from the os, and menstruation was painful; the site of the coccyx was subject to acute pain when pressed upon by the seat of a chair, and by the bed-clothes, though I was not aware of this symptom for some time. She could tolerate a pessary only a few hours. After learning the condition of the coccyx, I proposed the usual operation, and also to close the perineum at the same time, to which she eagerly assented. I had never made a full examination of the rectum, on account of the pain it caused, and when she was under the influence of chloroform I discovered that the entire coccyx was gone; however, I proceeded, and severed the ligamentous attachment to the sacrum with the tenotome, keeping it on the stretch by a finger in the anus (she said afterward that she had passed a bone by the rectum several months before, but supposed it was the terminal backbone of a chicken). This done, I put her in the position for lithotomy, and operated on the perineum, using the scalpel and forceps, with which I quickly stripped off the integumentary membrane; three deep and two superficial silver sutures were used, carried by an ordinary quarter bent needle and spring catch forceps; the needles were of inconvenient length, and the forceps almost a failure. (I have suggested to Ford, of N. Y., to make a forceps with a rubber bite, and he writes his approval of the suggestion; it will give a firm hold and any angle.) The stitches were removed on the eighth day, and the bowels evacuated on the ninth with syringe and scoop. The operation on the coccyx gave instant and permanent relief, and the union of the perineum was complete, but owed its success to the section of the tendon of the sphincter ani.

Medical Societies.

NEWPORT AND COVINGTON (Ky.) MEDICAL SOCIETY, FEBRUARY, 1876.

Variola, the Statistics as to its Prevention through Vaccination, its Diagnosis and Treatment.

BY B. F. LAIRD, M. D.

(Reported by J. W. Hadlock, M. D., for the Medical and Surgical Reporter.)

The history of this remarkable disease is clothed in considerable obscurity. Though the first accurate description of it was given by an Arabian physician, Rhazes, who flourished in the early part of the tenth century, it was known to and recognized by the Chinese in the sixth century, and to the Brahmins still earlier. It was also known throughout England toward the close of the ninth century, and after the Crusades it prevailed in most parts of Europe. In 1517, it is claimed to have been carried from Europe into St. Domingo, and a few years later it reached Mexico, thence spreading throughout the New World.

In 1707, it appears to have been introduced into Iceland, and to have visited Greenland in 1733. From historical accounts, the first visit of this disease into any and all sections of the globe has always been followed by the most fearful devastations. In Mexico alone, some three and a half millions of people are said to have fallen victims to this grave malady. In Iceland more than one-fourth of the entire population met a similar fate, while in Greenland its appearance threatened depopulation. These cases are but striking illustrations of the law, that seems universally true, that a contagious disease is always most virulent on its first introduction into a new scene of action. This eruption or exanthematous fever has been a scourge in all countries since its first induction or its development; however, since the discovery of vaccination by Edward Jenner, and his experiment on James Phipps, which was virtually accomplished May 14th, 1796, the promulgation of his discovery throughout the civilized world, and its adoption by the most leading minds of the medical profession in all countries, it is believed and claimed by the majority that through the means of vaccination this disease, so destructive to human life, has been brought under control, and will after a few years become almost extinct, or the attacks be of such a mild character as to render the disease perfectly harmless, requiring little or no attention whatever.

The minority, however, have contended and still do contend that the theory is still imper-

fect as regarding the effects and reliability of vaccination, arguing that many have been exposed to this disease who have never been vaccinated, without contracting it, while many who have been vaccinated have contracted this disease, and many who have been vaccinated have not contracted it, and many who have not been vaccinated have contracted it. The following observations, made by Drs. Seaton and Buchanan during the epidemic of small-pox in London, in 1863, on upward of fifty thousand children in the various schools, workhouses, etc., are of extreme importance toward settling the difference of opinion that medical men may have in regard to vaccination and its effective use as a prophylactic in variola. I herewith append them. Some of the said fifty thousand had never been vaccinated; the large majority had been vaccinated in various manners and degrees. Of every thousand children without any mark of vaccination, no fewer than 360 had scars of small-pox; while of every thousand children who had evidences of vaccination, only 1.78, on an average, had any such traces; and with regard to the quality and amount of vaccination, it was found that, of children having four or more cicatrices, only 0.62 per thousand had any trace of small-pox; while of those who had a single bad mark, 0.19 per thousand were scarred by small-pox. Hence, the best vaccination was more than thirty times as protective as the worst, and the worst was more than forty-seven times better than none at all. The importance of the completeness of the vaccination, as shown by the cicatrices, is also shown by the results obtained by Mr. Marson. From the study of more than fifteen thousand cases at the small-pox hospital, he finds that while the unvaccinated died at the rate of 37 per cent., the vaccinated have died at the rate of only 6½ per cent.; the mortality among those with four or more scars being only 0.55, while that among those with only a single scar was 7.73 per cent. So that, while the average risk which vaccinated persons run, if they do catch small-pox, is about one-sixth of the risk run by unvaccinated persons, well-vaccinated persons run less than one-seventieth part of the risk. It must further be borne in mind that few unvaccinated persons do not, at some period of life, sustain an attack of small-pox. The cases are comparatively rare in which a well-vaccinated person takes the disorder; so that the protective power of vaccination, it is said, shows itself in two ways. First, in shielding the constitution, in the great majority of cases, from any kind of an attack of small-pox; and, second, in the exceptional cases, of so modifying the disease as almost invariably to deprive it of danger to life, or of those terrible disfigurements which the unmodified disease so frequently leaves behind it. Whether the protective power of vaccination lasts through life, or, as many physicians hold, gradually wears out in a certain number of years, is still an open question. It is, however, the safer course to adopt the second view, and to re-vaccinate at intervals; for instance, every five or seven years, especially after the evidence that has been adduced of the imperfect way in which the operation is often performed. Dr. Seaton, however, adopts a medium course, and holds that one thoroughly good primary vaccination to start with, and one careful re-vaccination after puberty, are all that is necessary for the complete protection of the population against small-pox. Even in those who had good scars, the second operation is often more or less successful. Thus, in 13,861 cases in which re-vaccination was performed in the Wurtemburg army, the operation was quite successful in 31 per cent., partially so in 28 per cent., and totally failed in 41 per cent.

Much has been said regarding the danger of the transmission of syphilis by vaccination. But in those cases where syphilis has been transmitted by vaccination, it was also found due to the instrument used in the performance of the operation having been charged with blood taken from syphilitic persons. As to the reliability of this assertion, there can be no doubt; for, through the most recent experiments upon the inoculation of blood, made by Dr. Pellizari, Clinical Professor of the Ecole Pratique of France, we have one successful case in which this was accomplished. By far the most important and interesting series of cases, however, occurred some years ago at Rivalta, Italy, in which it is said forty-six out of sixty-three children who were vaccinated became syphilitic and transmitted the disease, until some eighty persons became affected.

Numerous instances of a similar character, in some of which the disease spread to a number of persons, suffice to show that although vaccination is commonly a harmless operation, yet it may, if proper caution be omitted, be the means of transmitting a fearful constitutional disease. The relation of small-pox in man and cow-pox in the cow claims a passing remark. Jenner believed that they were essentially the same, and that they had a common origin in the grease of the horse.

Various experiments have been made to inoculate healthy cows with small-pox, as those of Mr. Ceeley, of Aylesbury, in 1839, and of Mr. Badock, of Brighton, in 1840, who induced vesicles by inoculating cows with small-pox virus; and thus obtaining a supply of vaccine-lymph, they supposed the identity of the disease placed beyond all doubt or question. The disease really known as the grease appeared to have nothing to do with the small-pox or cow-pox; but the horse occasionally suffered an affection which was precisely the same as the small-pox in man and the cow-pox in the cow, and the lymph from the horse-pox had been successfully used for vaccinations.

Respecting the origin of variola vaccina, which is by no means a frequent disease, we have as yet no certain knowledge. A spontaneous development is accepted by many, however, upon no very strong evidence.

The inoculation of human small-pox by lymph

upon cows produces variola vaccina, the same as after inoculation from the horse-pox; and if a susceptible person is vaccinated from a variola vaccina, acquired in this way, merely local pustules will be produced, without any general eruption following; but, however strongly these circumstances speak in favor of the identity of human and animal pox, it has not absolutely been proven; and hence, for the present, we can only admit the probability of the supposition that variola vaccina is small-pox, so modified by the nature of the soil that it retains its tendency to strict localization, even when re-engrafted upon the human species. Although, in accordance with the method of Jenner, vaccination was originally performed with cow-lymph, vaccina is now almost universally transmitted from one to another through generations, only the first individual receiv ng the virus from the cow direct.

Two objections against the use of cow-lymph have been made since the days of Jenner: first, that where cow-lymph was used, vaccination failed oftener than where the humanized lymph was employed; and secondly, that the local symptoms were severer and more violent than where the humanized virus was used. On the other hand, the objections made to humanized lymph is, that its protective power becomes gradually weakened after it has passed through several generations. The reason for the existing difference of opinion respecting the use of humanized lymph may, no doubt, be traced to imperfect vaccinations and the fallacies contained in the reports of cases. Again, we meet with a difference of opinion regarding the number of times one may have the small-pox, or respecting a second attack, which by many is doubted. It seems quite strange, however, after having been seized once, you are afterward entirely exempt. The case of Louis XV and other cases have taught us that this disease may present itself as many as four times during a short lifetime. In the case of Louis XV the second attack was fifty years after the first; the first at 14 years of age, and the second at his death, at the age of sixty-four. I have met with two cases myself, wherein both patients succumbed to a second attack, and both bore scars and eruption at the same time. From what I could learn, neither of these had been vaccinated at any time during their lifetime.

[NOTE.—During the discussion of this paper, Dr. H. C. Juler suggested that perhaps Louis XV did not have the *small-pox* as often as had been stated, but a *pox of another character*, which royalty do not like to be charged with having; and he, therefore, did not think that Louis' case was a good illustration that small-pox twice attacks the same individual.—REPORTER.]

It has often been asserted that certain conditions, as puberty, inflammatory diseases, and change of climate, favor the reawakening of the predisposition to variola.

It is also believed that a violent attack of variola affords better protection than a mild attack, against the return of this disease; but this has time and again been contradicted, and seems only to be true in those cases where death has removed the said individuals from our midst; like most positively refuses to assist like, much less cure it, in this disease. Of the earliest origin and mode of extension of small-pox the most varying opinions have prevailed, since the disease first became known, in accordance with the varying theories as to its nature.

The General Causes.—Certain conditions of the earth or of the air, changes of temperature, moisture, etc., were formerly held responsible; and the possibility of a miasmatic origin of the disease was never for a moment doubted. Bœrhaave first overthrew these ideas, and established the theory of the exclusive spread of variola by contagion, which to-day is regarded as firmly grounded, and may formulate as follows:—

Small-pox spreads at the present time exclusively by means of a specific virus, which is begotten in the body of a small-pox patient, and conveyed directly or indirectly to a predisposed individual, thus causing the outbreak of variola again in the latter. Though here and there one still reads or hears that at least mild forms may arise without contagion, no reliable proofs thereof can be adduced. Of the nature of small-pox contagion there is so far nothing definitely known, but tolerably accurate knowledge is possessed of some of its peculiarities.

The contagion reproduced by an affected organism takes effect, first of all, upon the patient himself. It is principally the small-pox pustules which contain this, as is clearly proven by small-pox inoculation. This teaches us, further, that the virus is most active at the time when the previously clear serum of the pustules begins to become turbid. That inoculations succeed in the latter stages, also, is well known. Even small-pox crusts possess the power of infection in a high degree. The contagion not only adheres to the patient, but is also present in his immediate vicinity, in the perspiration, impregnated with transportable gaseous particles. It appears to be secreted by all emunctory surfaces of the body, among which the skin naturally plays a prominent part.

Whether the frequently noticeable peculiar odor of the patient is closely related to the contagion or not, remains undecided; however, it can be said that the contagion loses efficacy with increasing distance from the patient. Predisposed persons are the more readily infected the longer they remain in the vicinity of patients.

It is difficult to determine the stage in which patients are most likely to spread infection. The earliest period of suppuration is usually so considered. Many ascribe an especial danger to the stage of desiccation. When there has been frequent communication with patients, the time of infection cannot be determined, principally on account of the variable duration of the stage of incubation.

In the initial stage, at a time when as yet no trace of small-pox eruption exists, infection may take place; and infection is also possible during the period of incubation, which is generally free from every symptom of the disease. This has been exemplified by an interesting case reported by Schaefer, in 1872, as occurring in the Charité Hospital of Berlin, where small pieces of skin were taken, for transplantation upon other individuals, from the amputated arm of a person who, before and at the time of the amputation, did not manifest the slightest symptoms of the disease; several hours after the amputation the patient was attacked with violent fever, followed two days later by an eruption of small-pox. One of the individuals upon whom the transplanted skin had been placed was attacked by variola on the sixth day after the operation; the three others remained exempt.

Besides the atmosphere about the patient, the contagion is imparted to certain objects which have been used by him, or been in his neighborhood, and it clings to them also for a variable length of time after they have been removed from his personal influence. Foremost in this respect may be mentioned clothing and bedding, and especially all things which have a rough, woolly surface.

According to general belief, the poison adheres much less, or not at all, to smooth objects, dried small-pox secretion alone being excepted.

The personal effects of a patient are not alone able to convey infection, but healthy persons also, under some circumstances, carry the poison in their clothes, so that caution in this respect is necessary on the part of physicians, nurses, and friends. Exposed to the atmospheric air, the contagion is said to be readily destroyed, most probably by being more and more diluted in the air, until it finally disappears.

Infection may undoubtedly take place through the medium of bodies of patients who have died of small-pox. The following instance by Dickson shows the communication of the disease from the dead body, death having taken place before the eruption:—

During the winter of 1848, '49, a young man, a member of the medical class of New York University, died suddenly and unexpectedly in the night, under the care of a physician who had not thought him seriously ill. At the autopsy, when the corpse was uncovered, a few dark-red spots on the surface were observed, which were supposed to be peticial (petechial?), the principal symptoms of the attack having been gastric, with great debility. The coffin was taken home to a New England village for burial, where, at the funeral, some of the relatives approached and opened it to see the face of the deceased before it was inhumed. Of this number eight were attacked with small-pox, no other persons being assailed.

Concerning the mode in which the contagion adherent to transportable gaseous particles enters the body in case of infection, we still lack accurate knowledge.

According to a general and quite probable view, the poison is principally absorbed in breathing by the mucous membrane of the respiratory tract. That this may happen in the upper portion of the tract—the nasal mucous membrane—is evident from the ancient method of inoculation by the introduction of the crust into the nose. We may look upon the exceedingly fine particles detached from the skin of the patient, and from the pustules and crusts, which are suspended in great numbers in the air surrounding small-pox patients, as the carriers of the inspired contagion. It does not follow, however, that this particular mode is the only one in which the respiratory mucous membrane absorbs the contagion. It may not be even the most important. The possibility of the absorption of the virus by the mucous membrane of the alimentary canal, especially by the stomach, is positively asserted by the older writers. Indeed, it was regarded as quite an ordinary means of infection. Camper assures us that he observed the outbreak of severe variola in a patient who had swallowed some small-pox pus; and it is said that it was formerly the general custom in Bengal to inoculate variola by the deglutition of small-pox crusts. Very recently, Zülzer met with a negative result in the case of a monkey which was made to swallow the crusts.

It is considered highly probable that the contagion never enters the system through the unbroken skin; both at an early date and recently, experiments have been made to determine this point, and wherever a success has been noted, it has almost always appeared that the virus had been rubbed into the skin with force and for a length of time. It is probable, therefore, that the skin became wounded in the operation.

Origin of Small-Pox.

Concerning the questions relating to the origin and spread of small-pox, only so much as is general is known with certainty. Positive views and ideas concerning these questions are to be found from the earliest accounts of variola, but these have undergone a change, in accordance with the changes of pathological ideas. The Arabians believed, and Rhazes expressed the decided opinion, that the small-pox process was derived from the fermentation and effervescence of a certain material present in the blood of every person from the embryonic period. Sydenham and Von Diemerbrock likewise held the opinion that in the period of incubation a kind of fermentation took place in the blood, the product of which was manifested in the outbreak of small-pox. This theory held its ground until less than half a century ago, when views as to the parasitic nature of the contagion took its place.

Small-pox is seen in all possible grades of intensity and extent, from sporadic, domestic endemics, or small epidemics, to the fatal ravaging scourge which overruns entire countries, and is not apparently checked until it has

attacked nearly all who are predisposed. In the large cities of Europe small-pox is seldom at any time entirely extinguished. That its danger has diminished a great deal, on the whole, since the introduction of vaccination, is believed beyond the slightest doubt; however, from the study of the past, many others assume that civilization, unaided by special scientific knowledge, reduces disease and lessens mortality, and that no malady once originated has ever actually died out, many remaining as potent as ever. That wasting, fatal scourge, pulmonary consumption, is believed to be the same in character as when Cælius Aurelianus gave it description. The cancer of to-day is the cancer known to Paulus Igneta. The black death, though its name is gone, lingers in malignant typhus. The great plague of Athens is the modern great plague of England, scarlet fever. And small-pox is the same lurking destroyer as it was when the Arabian Rhazes defined it.

Diagnosis.

The diagnosis of variola seems a very easy one, and in well marked cases, with pustular eruption, it is so. But in the less severe cases, especially in varioloid, when the eruption is scanty and undeveloped, the diagnosis becomes more difficult. The disease may then be confounded with syphilitic eruptions and with acne pustulosa, especially where there is no history of the previous condition of the patient. The diagnosis is more difficult, and at times impossible to be made, during the initial and eruptive stages. And yet, during these early stages, the diagnosis is very important, and a failure to detect the same may be followed by disastrous consequences.

Difference Between Measles and Small-pox.

Measles is the disease with which variola is most frequently confounded, and there is even an idea that there may be a combination of these two diseases. The points of difference between the two are about as follows: In measles we find, in the early stages, catarrh of the bronchi, conjunctiva and nose, a condition which only comes on in a later stage of variola. The appearance of the skin during the stage of eruption may, taken by itself, give rise to doubt.

We may lay down the rule, that in measles the maculæ are, from the beginning, larger than those of variola, and that they are developed almost simultaneously on the back and face, while in variola they begin on the head and descend step by step downward to the back. But this rule is only of value in the regularly developed cases. Much more important is the degree of fever shown by the thermometer. In variola, during the initial stage, the temperature ordinarily rises to 104.9°–105.8° while in measles, during the corresponding period, it seldom exceeds 102°, at the highest, 104°. It is also characteristic of variola that soon after the eruption appears the temperature falls, while in measles it continues the same or even rises. This peculiarity distinguishes variola from the other exanthematous fevers, and especially scarlet fever.

In this latter disease the early appearance of sore throat helps in the diagnosis. In purpura variolosa, however, the intense red color covering the back before the hemorrhages appear may closely resemble scarlatina; and even after the hemorrhages appear it may be doubtful if the case is not an example of hemorrhagic scarlet fever. And the case may be still further obscured by the uncertain character of the temperature in purpura variolosa.

The diagnosis between exanthematous typhus and variola is, in their early stages, sometimes very difficult. The fever serves as no guide, there being the same rapid increase of temperature in both diseases. When the eruption appears the temperature falls; in typhus it does not. In typhoid fever mistakes are seldom, as the rise of temperature is regular and characteristic. From ephemeral fever variola can be distinguished by its higher temperature.

Treatment.

Against the spread of small-pox we possess, according to latest authorities, a reliable barrier in vaccination, by the proper use of which the disposition to the disease can be almost entirely destroyed. Of the special treatment, it is asked, is it possible, in infected persons, during the stages of incubation and invasion, to cut short the disease or modify it? The answer is, many attempts have been made, but as yet without satisfactory result. The first idea was vaccination, and this was employed by some in the ordinary way; by others, subcutaneous injections were made, it is said with good results. Curshmann, however, states that during the stages of invasion and incubation vaccination cannot stay the disease; but on the contrary, he has seen, in cases where vaccination was practiced after infection with variola, vaccine pustules and small-pox pustules developed side by side, and it is doubtful, according to his idea, whether vaccination can ever render the course of the disease milder.

Again, Steinner made the assertion that quinine in large doses, given in the stage of invasion, has a tendency to shorten or modify the disease; but this is contrary to the large experience of Curshmann. The same author states that nothing can be done during the stage of invasion, except to regulate the condition of the patient and treat special symptoms. The patient should be kept in a large well ventilated room, temperature 67°; should be kept quiet and given easily digestible food; pure water is the best beverage, and must be often given, but lemonade, acid and mucilaginous drinks may be given also.

High grades of fever may render necessary the use of quinine or digitalis, or of cooling baths, or sponging. If the headache is severe, and the face flushed, iced compresses and ice-bags, usually afford relief. Pieces of ice and seidlitz

powder may be used to relieve the vomiting and retching. When these are not effectual, good results from the hypodermic use of morphia are recorded. When the eruption appears the measures to be adopted will vary according to the form of its appearance. The milder forms of varioloid demand no interference; in severe variola, on the contrary, the eruption, the symptoms, and the complications demand our attention.

External Applications.—The methods of treatment proposed for the eruption are numberless. Some endeavor to treat the separate pustules. The Arabian method was to open the pustules early. Some, again, cauterize each pustule after opening it. The end aimed at by these procedures, to prevent the formation of deep cicatrices, is never attained with any certainty. If the pustules are superficial, their scars will be slight; if the papillæ are involved, no amount of caustic can prevent the loss of substance.

Other attempts have been made to absorb the pustules; for this purpose the tincture of iodine has been employed, and Martins, Eimer and Knecht say that the results are favorable to its use. Lützer believes that carbolic acid given internally coagulates the contents of the pustules and cuts short their development. Aran and Valleix recommend the painting of the face with collodion.

According to the experience of Curschmann, all of these methods are far inferior to the use of cold compresses, and he recommends cold and moisture as the most efficient agents in the treatment of the eruption. In all severe cases the application of ice compresses to the face or any part where the eruption is abundant is to be warmly recommended. The severe pain is said to be diminished, the swelling and redness of the skin are lessened, and the patient is much relieved.

In the same way may be relieved the intense pain in the hands and feet. If the odor is bad, carbolic acid is added to the application.

In the stages of invasion and eruption immersion baths are beneficial. In the period of suppuration, if the patient cannot be gotten out of bed, cold compresses and sponging of the body are easily used.

Astringent gargles are used when indicated; a solution of sesquichloride of iron is recommended. To relieve pain and difficulty in swallowing, mucilaginous drinks, decoctions of althea, chlorate of potash, dilute chlorine water, and weak solutions of iodine are usually employed. Where there is acute œdema of the glottis, an emetic may be given; if the patient is strong enough, local scarification or tracheotomy may be employed. When the disease is fully developed the diet should correspond to the degree of the fever, and to the condition of the patient's stomach. In severe delirium hydrate of chloral may be given per rectum, from one and a half to two drachms, in mucilage and water; or the bromide of potassium, with opiates, the latter subcutaneously. If the patient is weak, or fairly in collapse, quinine, camphor, wine or alcohol should be given. Stokes' cognac mixture is recommended. Best brandy and distilled water, each two ounces; syrup, one ounce. A tablespoonful every two hours.

During the stage of decrustation warm baths should be employed daily for some time, to assist in the falling of the crusts.

Curschmann states that little or nothing can be done in the hemorrhagic form of small-pox. Acids, quinine in large doses, ergot, and liq. ferri sesquichloridi are of no effect. Tonics and irritants do but little good. Injections of ice water and cold compresses are of little use.

Of the earliest treatment of variola, Hahn, a German physician of note, who wrote in 1738, ascertained from experiment that in small-pox, as well as in measles and scarlet fever, we may freely wash with cold water, from the first to the last, during the whole period of the disease, in order, says the writer, to prevent the fever from becoming too violent.

The skin is rendered more soft, so that the acrid matter can the more easily pass through it. In small-pox the corrosive quality of this acrid matter is rendered milder, so that it does not destroy the skin to the same extent as in cases where washing is not employed. The same physician, in speaking of the African method of treatment, says when small-pox breaks out among them, they gather together, and tie the individual affected with the disease to a rope and dip him several times into the sea, after each dip drying him in the sun or under cover. However, this method cannot be adopted in this section of the globe, and is merely given to show how much more agreeable the ancient treatment must have been to the patient than the treatment of the present day.

From a general survey, we find that through the means of vaccination, properly done, with systematic bathing, we may not only prevent the disease from breaking out in our midst, but do much toward causing it to become extinct in the land.

"Wash and be clean," are golden words in the prevention and treatment of this disease.

Female Medical Students.

One of the weekly journals of St. Petersburg gives the following statistical particulars touching the number of women studying or practicing medicine in Russia:—During the year 1875 the number of female medical students amounted to 171, of whom 102 belonged to the nobility, 17 to high trades, 14 to small trades, 12 to the clergy, and 24 to the different classes of the gentry. Among the number, 23 were Jews, 12 Armenians, and 3 Lutherans; the remainder were of the orthodox persuasion; 23 were married, and 53 had already received their diploma. Another Continental journal also gives some details of the number of female students in the University of Berlin. Their number is 30, of whom 2 are studying law, 25 medicine, and 3 philosophy.

EDITORIAL DEPARTMENT.

PERISCOPE.

Chronic Aural Catarrh Treated by Electricity.

In the report of the National Eye and Ear Infirmary, by Drs. Swanzy and Fitzgerald, in the Dublin *Medical Journal*, the writers say:—

During the year Weber-Liel's (of Berlin) method of Intra-Tubal Electricity has been employed in two cases with satisfactory results. So far as we have learned, this is the first institution in the kingdom in which this most ingenious mode of treatment has been adopted. It is not indicated in many of the cases which come under observation in hospitals; hence the small number in which it was tried. The disease for which Weber-Liel recommends it is that known by the name of simple chronic catarrh of the middle ear. The conviction has, however, of late been gaining ground that the affection in question has but little in common with what we understand by the word catarrh, and yet a better name for it, or a satisfactory explanation of the true nature of the disease, has been wanting. The treatment hitherto in general use has been framed upon the catarrhal theory, and all who have had any experience will know how unsatisfactory it is. It is of the utmost importance that some means of relieving or arresting the progress of this disease should be found, as it is probably the most common cause of deafness; indeed, the title of Weber-Liel's book on the subject is—"On the Nature and Curability of the Most Common Form of Progressive Deafness" (*Ueber das Wesen und Heilbarkeit der häufigsten Form progressiver Schwerhörigkeit:* Berlin, 1873). According to this theory, the starting-point of the disease is a debility of the musculature of the Eustachian tube. Some catarrh of the middle ear may supervene at a later period, but is not an intrinsic part of the affection. He deduces his theory from his original anatomical, physiological and pathological investigations. The treatment he proposes is the direct application of galvanism to the Eustachian tube. This is accomplished as follows:—The apparatus used in the Infirmary is a small galvanic machine, with a single bichromate of potash cell. A commutator is connected with it for the purpose of reversing the current. A Eustachian catheter is first introduced, *lege artis*, into the tube about to be galvanized. Through this catheter one electrode, in the shape of an elastic bougie containing a silver wire, is passed until it projects one or two lines into the tube. The other electrode is a conveniently-shaped brass rod mounted in a wooden handle. This latter is placed immediately below or behind the ear, or on the cervical vertebræ. The current should be frequently turned during the sitting, and the latter should be continued for from three to fifteen minutes, and be repeated two or three times a week. The treatment requires to be persisted in for from three to six months. In order that the treatment may be of benefit, it should be employed in the early stages of the disease, before the tinnitus becomes very loud and continuous, and the hearing greatly impaired, and before secondary changes in the middle ear come on. In old chronic cases intra-tubal electricity is just as impotent as all other kinds of treatment.

Treatment of Gonorrhœal Rheumatism.

Dr. J. F. M. Geddings writes to the Charleston *Medical Journal*:—

Adopting the view that gonorrhœal rheumatism originates in the absorption of noxious material from the inflamed or irritated urethral (in the male) and the urethro-vaginal (in the female) mucous membrane, every effort should be directed to the mitigation of the primary disease. This focus of infection must be removed before the chances of relieving the joint affection by general or local remedies can be considered as at all encouraging. The gonorrhœa or other urethral irritation must be actively treated. To this end, absolute rest, spare diet (in the robust), in cases of severe chordee or deep-seated pain in the perineum, leeches and mild purgatives are indicated. But, inasmuch as gonorrhœal rheumatism usually occurs after the acute symptoms of *clap* have subsided, we may, in most cases, proceed at once to the use of astringent injections, with a view to suspend the discharge. The following formula, suggested by Niemeyer, I have found very efficacious in simple gonorrhœa, and there is no reason why it may not prove equally so in complicated cases:—

℞. Acid tannic, grs.xxx–lx
Vini gallici, rub., f.℥iv. M.
Ft. inject.
To be used three times a day.

Concerning the use of balsam copaiva I am extremely dubious. Highly recommended by Lebert and others, the remedy seems to me contra-indicated by the possibility of its inducing, in certain subjects, symptoms simulating those of the disease under consideration.

The local treatment of the affected joints requires absolute rest, leeches, and the cold or warm douche, according to the susceptibilities of the patient. After the acute symptoms are subdued, I know of no remedy which exercises a more beneficial influence than the actual cautery, applied lightly to many points around the joint, so as only to involve the epidermis and superficial layer of the chorion. Painting with

tinct. iodine, blisters, frictions with oil, etc., may be substituted, but with less effect. When the swelling has somewhat subsided, but the joint still remains stiff and painful, the cold douche, with frictions, gives excellent results. In indolent cases, where there is formation of much new tissue in and around the joint, moderate compression and an immovable apparatus should be used. Should adhesions have formed between the articulating ends of the bones, causing spurious anchylosis, Langenbeck's method of forcible extension and flexion in the chloroform narcosis should be practiced. This practice should not, however, be resorted to until the inflammatory symptoms have ceased. In cases where there is evidence of purulent accumulation, with caries of the ends of the bones, the question of amputation must be considered. Prichard reports a case where amputation of the thigh had to be practiced for suppuration of the knee, affected with gonorrhœal rheumatism.

The Metric System.

The following report of the committee on the metric system was presented, by Dr. E. W. Cushing, to the Suffolk District Medical Society, Massachusetts:—

"The metric system, which is in use in nearly all the civilized world except Great Britain and our own country, is not only decimal, but it has a very simple relation between the units of length, surface, solidity, and weight, and their multiples; this immensely facilitates all scientific and mechanical calculations, and has led to the exclusive use of the metric system in scientific works of recent date.

"The names and relations of the multiples and divisions of the different units are so simple that they can be very easily learned and remembered. There is already much more familiarity with the system in this country than one might suppose; it is given in all the arithmetics, and is taught carefully almost everywhere in the schools.

"The present being a time of inquiry and intellectual agitation among our people, the committee has thought it best that this matter be referred to the Centennial Committee, to the end that the latter may bring it prominently before the nation at the International Exposition at Philadelphia. They beg leave to offer the following resolutions:—

"*Whereas*, The French metric system has been adopted by nearly all Continental Europe, and by India, Mexico, and the South American states; and

"*Whereas*, In the opinion of this society, it is far superior, theoretically and practically, to our present system of weights and measures,

"*Resolved*, That the Suffolk District Medical Society requests the Massachusetts commissioners at the Centennial Exhibition to use their influence with the Centennial Committee to secure the prominent exhibition of models and charts of the different scales of the metric system, with simple explanations thereof provided for popular circulation.

"*Resolved*, That when any considerable number of scientific bodies unite in petitioning Congress for the legal substitution of the metric system for that now in use, this society will join in such petition."

We shall be pleased to record similar action by other societies.

Reviews and Book Notices.

BOOK NOTICES.

The Religious Sentiment, its Source and Aim. A Contribution to the Science and Philosophy of Religion. By Daniel G. Brinton, M. D., author of "The Myths of the New World," etc. New York, Henry Holt & Co., 1876. Price, $2.50.

[Reviewed by Dr. George L. Beardsley, Birmingham, Conn.]

It is the mischief of all faiths to confuse religion as a compound of forms with its better essence. The masses are persuaded that obsequiousness to the conventionalisms of religion is the highest conception of duty; never submit their belief to an analysis by thought; are mere sciolists in their appreciation of the complications of the religious problem. A few are more skeptical of the validity of stale ceremony; earnestly explore every relation for the real; differentiate what the heart embraces from what reason refuses. To these, who await the solution of their faith by the logical processes, this book is evidently dedicated. The author has been under a cloud of dissatisfaction, we fancy, with the religious sensationalism of the hour, has suffered long in silence, at last rends his shackles, and rises to the dignity of a champion of independent thought. His task is to free the religious sentiment of its mystic halo of dogmas, and teach it as an intellectual concept. Let us look at his venture:—

The first chapter discusses the metaphysics of religion. At the outset of the inquiry, religions are christened as "products of thought." It is our preference to call them the products of the *processes* of thinking. These are characterized as harmonious in "kind and purpose," and are studied by methods known to natural sciences. The author first examines mind, as preparatory to a study of its expression in the religious sentiment. Sensation and emotion are

made the leading manifestations, thought antithetical to them, and truth its gauge. The definition of pain and pleasure, as queries of mental science, are singularly ingenious and significant. Pain is a prodrome of waste, while pleasure is "maximum action with minimum waste." This law governing pleasure is illustrated by the perfections of art, the unhindered workings of will and the feats of healthy consciousness. Brinton labors in the first twenty pages to prepare us for a just valuation of the relations of knowledge to religion. His order of proofs cannot be broken, and its intention is felt. Dr. B. then starts on his journey with religion based on that kind of knowledge that comes to us through the laws of thought. The Absolute, which religion argues within itself, is made attainable only by virtue of these processes. The axioms of correct reasoning are next studied, and the groundwork of religious philosophy established on the canon of "excluded middle." This "formal law" suffices to explain the relations of the intellect to the Absolute as decided, as real.

The hasty reader will fail to see the necessity of this dissertation; the astute thinker will pronounce the book worthless without it. As religions covet and brag of the truth, we must know its residence, if it *is*, and what suggests our religious wishes. The scholastic conception of the subject, and the mass of rich thought stored away in this opening chapter, make it an offering to psychology that would do honor to a specialist in that science.

Chapter II.—The religious sentiment is in this made to rest on a tripod of emotion whose legs are a wish, a hope, and a fear. Dr. B. argues a "desire" as the real excuse for our religious consciousness, while the incentive to spiritual explorations, the reward of our psychical gymnastics, is "love." This, we are told, is the corner-stone of all religions, and is conditioned on the continual blessings it showers on its object. The illustrations of the passion and its mien are historical and the hints of symbolism. We do not propose to quarrel with our friend in his interpretations of myths, though we think his translations are too free. It does seem to us it will grate on the Christian sensibility of not a few when they learn that their religious yearnings are cousins to their sexual promptings; that religious fervor or fanaticism is twin sister of "excessive lewdness or desperate asceticism." Such a reconciliation is not just, and can be refuted too easily to suit the author. It drags down the beauty and purity of the Godhead to the sensualistic; it makes whatever is the blossom of our identification with God the full fruition of the basest instinct in us.

That sexual desires may have been linked to the earliest conceptions of love of the gods we do not deny; but that they are of necessity akin to true religious sensations now, is an uncharitable prejudice. Unquestionably, there are religious enthusiasts in whom lascivious erethisms are fed considerably, even installed, by religious commotion; but "it is the nature of the beast." Any kind of emotional feeling would favor the same surges of voluptuous uneasiness. It is a merciless grasp of premises to pronounce religious fervor an aphrodisiac. The author next touches on the "hermaphrodism" of God. This notion of the motherhood as well as fatherhood of God is unfolded in a way so chaste that its novelty wins, cannot repel, our sympathy. It is no more than a personification of those attributes to which language assigns sexual marks. The conception of a sexual god is not by any means "monstrous," as the author remarks; it is no vulgar study; it is only a step from the pure in sense to the pure in spirit. Dr. Brinton next discusses the power of theurgy on the religious mind, and in a few sentences of the most graceful diction honors the love of God as the only genuine. The chapter closes with a consideration of the three elements which enter into the religious sentiment: "a wish, an idea of power, and ignorance of the nature of the power."

Chapter III.—This is really a part of the first. The author conceives the vouchers for our religious consciousness as three; which we allow without dissent. The first is an "Order" in the universe, the opposite of mathematical probability, a rule of *force*. The second root is that the Order is real, intelligible. The last postulate affirms that all varieties of this "intelligence" are the same in kind; that is, the finite differs from the infinite only in degree, is evolved from it. The English in this essay is quite tight, but the treatment is no malign nor intentional crucifixion of perspicuity. The marvel is that, with such a text, the thought rises above a dead dryness, and that its movement is as lively as we find it. The gist of the chapter, so far as we have probed it, is, that the faith of

emotion is not sufficient, not resolute; that we can never reach truth except through the rational processes. Reason discovers in and around us a Law, a part of the True, which it is the end of all religions to cultivate. Were there no such germ in our possession, and did not thought bring it out of its hiding-place, we should hope in vain to apprehend Deity.

Chapter IV.—This essay, on Prayer and its answer, is "full of the seeds of things." It engages our attention at once by its living thought. Brinton here is quick to penetrate to the core of the truth, and plows every kind of soil for material. The most hard-shelled theologian will be tickled by the stern verity and orthodoxy of the sentiments in this chapter. Prayer is defined as "expectant attention," and has to do with the *getting* of something from God. The writer's reason why prayer fails—"it is not repeated enough"—is an economical use of words to set out what sermons have not been able to formulate. The "answer" is discussed with an insight into its spirit, as "inspiration;" or, if we pass the idea over to a metaphysical idiom, it is our immediate cognizance of the thoughts of God. Some of the methods employed in the search of a revelation of Truth are reviewed and explained as samples of intense mental emotion. The author shows a dialectic mind in his tracing our grasp of Deity through the medium of an electrified intellectuality.

Chapter V.—The myth is explained as a necessity to religious belief in pre-historic times, and even since, with some nations. Its origin is defined as physical, or an attempt to realize the Unknown as a power to grant or refuse a wish. The author, in his dissection of the mythus, touches at once its vitality. A distinction should have been made between it and the *legend*. The latter was powerful, and moulded a religion out of a history. Though it did not start, as the myth, from an idea, it at last found the idea in what was real. Dr. Brinton may object, to this criticism, that the philosophy of the myth takes in each. If so, we retire on this point. Having shown the organic essence of the early religious concept, its modifications are then traced, and the faithful unity, or family likeness of mythical creations everywhere, justified. The writer, closely clinging to the design of the chapter, proves that as intellectual needs grew imperative, as thought waxed in being curious, the laws of reasoning were not satisfied. And this leads us to the mo ive of the argument, namely, that an innate consciousness of an "Order," a "Force," and a succession of "Changes," with a yearning to explain existing phenomena, provoked a healthier interpretation of these mysteries. In this way arose the three sets of myths: (*a*) "Epochs of Nature," which symbolized the struggles of matter. This is subdivided into three classes: (1st) the myth of creation, which Brinton fashions after Voss, on the attributes of water; the (2d) and (3d) are supposed to have been the products of some intuition of a law of extinction. The second great mythus, "Paradise lost and regained," is grounded in the consciousness of a *motion* to something better. The method of the presentation is unique. There are no transgressions; the author aims to demonstrate that the logical processes *sifted* the myth by degrees. There is a consistency in the way he demolishes the myth; we expect it is coming, and are not disappointed by any pranks. The last member of the "Cycle of Myths," "the Hierarchy of the Gods," assumed the dual classification of divinities, which in time led to the "quantification" of the Godhead. A little ambiguity hovers around this term, but we understand it as an inclination to get at the phenomena of the Divine by mathematical formulæ. The argument from this point is that the rational processes only can try the unknown; that we must value logical identity alone as the fit postulate of our analysis of the Absolute, and that as soon as we adopt such a course of inquiry the myth will evanesce.

Chapter VI.—The design of this essay is to show the inadequacy of the Cult, the third medium of the religious sentiment, to bring mankind into an acquaintance with the Truth; how, by its very nature, it checked the rise or progress of thought; how it actually threatened every hope of apprehending the Unknown, by the extravagance of its claims and their low quality. The origin of religious symbolism is explained by the axiom of association of ideas; its tendency to surpass its mission, or its drift into prosopopœia, is illustrated by a history of its decline into mathematical and esthetic types. Two varieties of the Rite are described: the first required a propitiation of some angry god by sacrifice, the efficacy of which hinged on the degree of self-denial; the second commemorated and dramatized the myth. The same coherence

of method rules in this as in other essays. The author is constructive, and, what is a rare satisfaction, makes it possible for us to understand every step in his process of building.

Chapter VII.—This, the closing essay, is devoted to a consideration of the bearings of the "historic idea" on religious culture. The "idea" is viewed by the author as an "object" of wide desire. Its recurrence is reviewed, and its three divisions expanded. The first is the "idea of the perfected individual." In this section religion is portrayed as an "idealization of physical force;" next, of form; and last, of mental culture. Its successive failures under this notion are accounted for in that the "idea" did not address the reasoning powers. The second historic idea is that of the "perfected commonwealth." This ideal, the author observes, enters into all creeds that are not egotistical. This notion disappointed its adherents, as it warred against morality, and discouraged quests for the true. The two moments just examined, Brinton finds, do not appease the longings of the honest searcher for religious satisfaction, and a third incentive is found, the idea of "personal survival." The energy of this tenet is exhibited, and its decay foreshadowed. Here, again, the author declares the folly of all systems which are not rooted in the laws of mind. The last thirty pages describe the moments of the religious thought in the future. T[illegible] are embraced in the union of right thoug[illegible] doin[illegible] good, and rest in the will of God. This chapter is the jewel of the book. No mechanical theology is here recommended; no moonstruck homilies on an endless woe to come, are embalmed. An honesty of soul, a love for the good, confidence in the will of God; this is the piety which the book heralds.

The spirit of the book is never bitter nor denunciatory. Though his logic is masculine and searching, Brinton is always courteous and generous. There is no arrogance about his statements, and with a few exceptions, where his zeal gets the better of him, the popular sentiments which he endeavors to change are not ruthlessly flayed. The method is inductive generalization, and the author, from the beginning to the end, is uniformly consistent in his use of this instrument. The logical aim of the work is to show the necessity or conditions of the religious faith as they are brought out by cognitive powers. The tendency of the book is to the formal sciences.

In presuming on a new opinion, Brinton is unusually careful to prove what he alleges. His way of confirming his judgments may not please us, and we often question the soundness of his premises, but it is because of our bias, and if we give ourselves up to him, we find he has the burden of the proof and is strong enough to carry it. The author's way of refutation is always fair. It is for this reason that his policy of persuading is so pleasant. Brinton believes there are other opinions than his; that they have force, too, and he allows it. By comparison and contrast he shows which has more of the truth.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received in exchange the *Gazeta Medica da Bahia*, a Brazilian monthly medical journal, published in Portuguese. Each number contains forty-eight pages, printed with typographical excellence, and, aside from a large number of original articles, contains an extensive review of foreign medicine. We notice in it a translation from the REPORTER.

——"The Fifty-ninth Annual Report of the Asylum for the Relief of Persons Deprived of the Use of Their Reason," located near Frankford, in this city, has just been issued. The Report states that 84 patients were under care at the date of the last annual report, and 38 have been received since. Of the whole number, 17 men and 17 women were discharged, and 4 died. The medical officers of the institution are Drs. Joshua N. Worthington and John C. Hall.

——The *Revue de Medecine et de Pharmacie de l'Empire Ottoman*, is a bi-monthly from Constantinople. A leading article is a history of medicine among the Arabs.

——A new scientific periodical, entitled *Electrité*, has been issued in Paris, under the patronage of Count Halley d'Arroz, director of the International Exhibition of 1877.

——Professor Socrates Cadet, of Rome, has our thanks for an interesting pamphlet, embracing researches on the inhibitory function of nerves. It indicates his usual thoroughness of research.

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THE CARE OF THE INSANE.

The specialty of the art of medicine which concerns itself with the treatment of the insane may not seem to have been cultivated very successfully in the United States. The theories in regard to the position of the insane before the law, their responsibility and power of discerning duty, which have been framed and advocated by American alienists, have received frequent condemnation abroad, and have been pronounced by some of the most eminent jurists of this country to be mischievous and wild. Their result has been over and over again demonstrated in the escape of notorious villains, and in that increase of crime which arises from the sense of impunity. The defence of insanity, "emotional," or "volitional," or "temporary" insanity, is a most cheap and easy one.

The methods of treatment in the insane hospitals in the United States have been within the last six months most severely criticised in some English medical periodicals. Unquestionably, there are very grave faults in the care of the insane poor; faults, however, for which municipal and county authorities are more to blame than physicians. We do not have to go to county poor-houses to find examples. None worse need be quoted than that of the public hospital, "Blockley," of this city. With twice as many inmates as there is room for, the insane wards of that institution have been a standing discredit to this city for years.

In Massachusetts and North Carolina, two States wide apart in everything, accounts of investigation, within the last two months have been sent us, showing a callous indifference to the comforts and decencies of these wretched invalids. Supine physicians, selfish attendants, and indifferent Boards combine to render establishments which should carefully treat the insane little better than the Bedlams which, a century and a half ago, used to be one of the sights shown visitors to London.

The remedy for this state of things is difficult to point out. No one class can accomplish the needed reformation. The good feeling of the community must be enlisted and those who neglect their duty must be summoned to the bar of public opinion by giving publicity to their actions. Methods of treating sufferers from mental maladies must be brought into operation, by which confinement, seclusion and restraint will be reduced to the minimum. There are such methods, in vogue in other countries. In our next number we shall endeavor to sketch one or two of them.

DR. DOBELL'S ABSTRACTS ON CHEST DISEASES.

The "diseases incident to civilization," if we may judge from the mortality returns, are chiefly those of the heart, lungs, and bronchial tract. Consumption and cardiac complaints fill a portentous roll in mortuary statistics. Pneumonia is the disease most fatal to the very old, and hardly less dangerous to the very young.

It is, then, a most timely publication which

has been inaugurated by Dr. HORACE DOBELL, of London, in the form of an annual Abstract of all that is done in the field of these frequent diseases throughout the scientific world. In plan, it is proposed to make it a careful epitome of the progress in the diseases of the chest. Himself eminent for his brilliant contributions to the therapeutics and literature of these complaints, he has enlisted numerous and distinguished coadjutors in the enterprise. Among them we may name, of this country, Professor AUSTIN FLINT, of New York; Professor DA-COSTA, of Philadelphia; Professor F. DONALDSON, of Baltimore; Professor J. DRAPER, of New York, etc.

The plan of the work is as follows:—

Toward the close of each year will be published a complete *précis* of the work of the year in that Department of Practical and Scientific Medicine which includes the anatomy, physiology, morbid anatomy, pathology, diagnosis, etiology, materia medica, therapeutics, climatology, etc., of the thoracic organs and their intermediate associates.

Although the department selected is the widest and most important in medicine, it will be practicable, by keeping within its boundaries, to produce such a complete *précis* of all important work, that these reports, when collected from year to year, will constitute a comprehensive, concise, and reliable book of reference on chest disease, and will enable the medical practitioner readily to compare the works of different authors, instead of relying upon those of any one, and to see at a glance the latest improvements in treatment; while to the scientific student they will present an epitome of modern discovery and research.

Editors of British and foreign medical periodicals are invited to exchange their journals with these Reports; and authors are requested to send, as soon as possible after publication, abstracts of such parts of their works as refer to chest disease (or the works themselves, with such parts marked), to Dr. DOBELL, 84 Harley Street, London, to whom all letters, books, etc., should be addressed.

The first volume (for 1875) can be had from the London publishers through any bookseller, or will, if desired, be ordered from this office.

NOTES AND COMMENTS.

Treatment of Stammering.

One of our dailies contains a letter, which appears trustworthy, written by a gentleman who stammered from childhood almost up to manhood, and who gives a very simple remedy for the misfortune:—"Go into a room where you will be quiet and alone, get some book that will interest but not excite you, and sit down and read two hours aloud, to yourself, keeping your teeth together. Do the same thing every two or three days, or once a week if very tiresome, always taking care to read slowly and distinctly, moving the lips but not the teeth. Then, when conversing with others, try to speak as slowly and distinctly as possible, and make up your mind that you will not stammer. Well, I tried this remedy, not having much faith in it, I must confess, but willing to do almost anything to cure myself of such an annoying difficulty. I read for two hours aloud, with my teeth together. The first result was to make my tongue and jaws ache, that is, while I was reading, and the next to make me feel as if something had loosened my talking apparatus, for I could speak with less difficulty immediately. The change was so great that every one who knew me remarked it. I repeated the remedy every five or six days for a month, and then at longer intervals, until cured."

The Arrest of Hemorrhage by Torsion.

This method, popular with some surgeons in this country, was the subject of a late essay by Dr. Tillaux, of Paris, read at the Société de Chirurgie, with these conclusions: 1. Torsion is applicable to arteries of every calibre, and more especially to large arteries. 2. A single forceps is required, whatever be the size of the artery. 3. The artery should be seized obliquely, and not in the course of its continuity, and in such a manner as to comprehend within the teeth of the forceps all the three tunics of the vessel in their entire breadth. 4. The torsion should be continued until the portion seized is entirely detached. 5. The thrusting back the tunics toward the heart, as advised by Amussat, and the limited torsion of Amussat and the English surgeons, are useless. 6. Torsion is applicable to atheromatous and inflamed arteries. It is a valuable means of arresting hemorrhage at the bottom of wounds. 7. It

favors immediate union by the absence of a foreign body. 8. Like the ligature, it protects from primary hemorrhage. 9. It is a better protective against secondary hemorrhage than the ligature. Since 1871, M. Tillaux has exclusively adopted torsion, both in great and small operations; and in about a hundred great operations in which he has employed it, he has never met with either primary or secondary hemorrhage.

Catacombs vs. Cremation.

A French engineer, M. de Jugny, proposes a method of disposing of the dead, which, in his opinion, would render cremation, to which there are so many objections, quite unnecessary. It consists in constructing vast subterranean galleries, two stages in height. Each gallery is to be divided into compartments formed of very solid hewn stone, each being able to hold a coffin, and so secured that no infiltration or exhalation can take place. The system, it is said, is in action at Naples, to everybody's satisfaction. The expense, carried on over twenty years, will amount to only $400,000 per annum. Calculations show that about ninety acres of land will suffice for the entire population of Paris; and the requisite territory may be obtained underneath the fortifications, and distributed according to the wants of the different parts of the capital.

The Supervision of Disease.

While a few voluntarily ignorant writers, such as the editor of the *Pacific Medical Journal*, still inveigh, on sentimental grounds, against limiting venereal disease by appropriate medical supervision, it is gratifying to see that even the declared enemies of the English contagious diseases acts are, in the words of the *Medical Times and Gazette*, "forced to the unwilling admission that, at any rate, the Acts are beginning to work for good," in an undoubted reduction in the number of prostitutes. This was conceded at a late public meeting.

Treatment of Mammary Lesions.

The treatment pursued in the lying-in institution of Dresden, by Dr. Huebner, of all lesions of the nipple and areola, consists in the constant application, day and night, of lukewarm compresses, wet with lead-water; fissures, ulcers, and excoriations being touched once or twice a day with balsam of Peru, and the breast well supported. The child should nurse less often than usual, and where possible, through a nipple-shield. He recommends the warm lead-water in mastitis also, to be followed by strapping of the breast and free incision, while suppuration is promoted by poulticing.

The Prevention of Scarlet Fever.

A respected English sanitarian, Dr. H. Franklin Parsons, states that, in spite of the intensity and infectiveness of scarlet fever, he believes it is not too much to say that in the country, if the sanitary conditions are fairly good, and the cordial co-operation of the friends and the medical attendant can be obtained, it may generally be prevented from spreading beyond the household first attacked. He finds that the great obstacle to carrying out preventive measures is the indifference, incredulity, and fatalism of the people themselves. The mildness of many cases of scarlet fever also makes preventive precautions appear unnecessary, as well as irksome, it not being sufficiently known that the mildest case may communicate the disease to another person, who may die of it. He also expresses regret that medical men so frequently use the name "scarlatina," as it is a common fallacy that "scarlatina" is a different and milder disease than "scarlet fever," and he suggests that the term "febris rubra," as given in the official "Nomenclature of Disease," should be used as the Latin name for scarlet fever.

Puerperal Thrombosis.

This occasional cause of sudden death during confinement was illustrated before the London Pathological Society, recently, by Dr. Hilton Fagge, who read the notes of this case: A lady, a primipara rather late in life, was making a somewhat slow recovery from her confinement, having had "white leg" on the left side. She was suddenly seized with great abdominal pain and collapse; no pulse could be detected, and she was apparently moribund. Later on, she rallied a little, and when Dr. Fagge saw her the pulse was just perceptible, but the pain returned in all its intensity, though the abdomen was soft and supple, and on careful manipulation nothing abnormal could be detected. About eleven hours after the first onset of the pain, the patient died. On opening the abdomen, the upper half of the small

intestine was of an intensely purple red, as in strangulation by a band or hernial sac, though in this case the intestine was soft and flaccid. Dr. Fagge at first thought this condition might be accounted for by embolism of the superior mesenteric artery from puerperal endocarditis, but the heart was found to be healthy. On examining the mesentery and intestine, the veins corresponding to the portion of intestine whose color was so changed were found to be full of *ante-mortem* clot.

Another "Miracle."

Last winter the religious world of Italy was stirred by the announcement of a local Louise Lateau in Turin. Every Friday wounds were noticed on the forehead, the hands, and the feet of a "holy" nun of the Convent of Cottolengo. The authorities were anxious to ascertain the truth of the miracle, and entrusted the examination of the nun to Professors Pacchiotti, Rovida, and Giacomini. These gentlemen sent in the following report:—"In the first place, we find that the patient is in a great state of excitement, which induces her to imitate the wounds of our crucified Saviour, wherein she has hitherto not particularly succeeded. In the second place, the wounds have been produced by sharp instruments, such as pins or needles; and every Friday, when these wounds are on the point of healing, they are reopened by the same instruments. The patient should be sent into a hospital to be watched and cured." The authorities, in compliance with this advice, ordered the nun to be conveyed to hospital.

The Coca.

This Peruvian plant is just now attracting in England one of those periodical spasms of attention with which it has attacked the medical world ever since Pizarro burned his ships. Weston was said to have used it in his great pedestrian feats. But he, himself, denies it. A gentleman writes to the *Lancet*:—

"The leaves of this plant, either smoked in a pipe or used as an inhalation, have a decided effect on bronchial spasm. I have recently employed it in this way with marked benefit in cases of idiopathic asthma, the dyspnœa and distress being much relieved, and more especially in chronic irritating cough. One gentleman, who could not sleep, through paroxysms of coughing, now enjoys a full night's rest after smoking a pipe of coca mixed with a small quantity of tobacco. Moreover, it leaves no headache nor unpleasant after-effects."

Experiments conducted in this city, some years ago, discovered no important therapeutic or economic value in coca.

Free Doctoring.

While in this country we are striving to pass laws to limit the practice of medicine to properly educated persons, it is otherwise in Belgium. According to the *Presse Médicale Belge*, there seems to be considerable danger that the Ultramontane Parliamentary party, aided by the Extreme Radicals, will succeed in carrying their measures for what they call the emancipation of professional teaching. By these not only the teaching but the practice of medicine will be thrown open, without any guarantee for their proper performance; the present law prohibiting illegal practice—which has been so distasteful to the provincial clergy, the great sinners in this matter—being abolished.

The Poison of Insect Powder.

Insect powder is largely made from a species of *Pyrethrum*. M. Jousset states that if the powder has been previously treated with alcohol it loses its insecticide power and the alcohol becomes poisonous. The poison is not due to the essential oil of the plant, as this does not exert any baneful influence on insects; but the poisonous property is contained in a concentrated state in the crystallized substance, which he believes to be of the nature of an alkaloid.

Correspondence

Fracture Resulting from Muscular Action.

Ed. Med. and Surg. Reporter:—

Professor Gross says, in his "System of Surgery," vol. 1, page 910:—"It is not often that a bone is broken by muscular action, and yet such an accident is not, perhaps, as uncommon as is generally imagined." From this I take it that the following case will not be without interest to the profession.

March 3d, ult., I was called to see William P., aged 12 years. Complexion sandy; temperament nervous; general appearance healthy, and family record good. Found the left tibia broken off obliquely, at the junction of the lower and middle thirds, and the right femur, at the junction of the upper and middle fourths; but was surprised to find there was not the least

mark of external violence upon his person. After inquiry, I learned that William and another boy had agreed to cut down a tree "for fun," and, when it was about ready to fall, the other boy said to him: "You're afraid to run through, under the tree, after it starts." William said: "I'm not," and attempted to carry out the feat. The two, William and the tree, started; but the former, suddenly realizing the danger, in his desperate effort to save himself fractured both legs, as above described, by muscular action; the tree having been cleared by fully two feet.

Barring some slight difficulty in keeping the fragments of the femur in apposition, both fractures progressed favorably.

A. M. Hoover, M. D.

Freeport, Pa., April 24, 1876.

News and Miscellany.

Medical Society of the State of Pennsylvania.

The Twenty-second Annual Session will be held in the city of Philadelphia on Wednesday, May 31st, 1876, at 3 P. M. The appointments are:—To prepare—The Address in Surgery, Dr. D. Hayes Agnew, Philadelphia. The Address in Obstetrics, Dr. R. Davis, Wilkesbarre. The Address in Medicine, Dr. James Aitken Meigs, Philadelphia. The Address in Hygiene, Dr. Benjamin Lee, Philadelphia. The Address in Mental Disorders, Dr. John Curwen, Harrisburg. The Secretaries of County Medical Societies are earnestly requested to forward *at once* their lists of *Officers and Members*, with the *Post office address of each member.*

Wm. B. Atkinson, M. D.,
Permanent Secretary,
1400 *Pine Street, Philadelphia.*

Medical Society of New Jersey.

The next annual meeting of the Medical Society of New Jersey will be held in Congress Hall, at Cape May City, on the 23d and 24th of May, 1876, commencing at 7.30 o'clock, P. M., on Tuesday. Orders for excursion tickets, over the Pennsylvania Railroad, may be obtained on application to the Recording Secretary. Free passes will be given over the railroad from Camden to Cape May. The train will leave Camden at 3.30, P. M., on Tuesday.

Wm. Pierson, Jr.,
Orange, May 1st. *Recording Secretary.*

Prize Questions.

The Belgian Académie Royale de Médecine offers a prize of a gold medal of 1000 fr. for the best essay on the following two subjects:—1. What are the relations between the emigration of blood corpuscles and inflammation? To be illustrated by new experiments, and, if necessary, new demonstrations. 2. Indicate the relative value of amputation and excision in white swelling. Detail the indications and contra-indications. The memoirs for the first question to be sent into the Académie before March 1, 1877, and for the second before July 1, 1877.

Personal.

—Dr. Peter Schuh, of this city, whose publication of a posological chart was noticed in this journal last year, committed suicide a few weeks ago. His wife, much younger than himself, and very beautiful, took her own life with prussic acid, and the doctor, on discovering her lifeless body, shot himself through the heart. These events occurred on the first anniversary of their marriage, April 19th. The motives are shrouded in mystery. The doctor is said to have been a Russian by birth, but had lived in this country a number of years.

—M. Hardy, well known in connection with the Hôpital St. Louis, Paris, as a leading dermatologist, was lately appointed professor of clinical medicine, in succession to M. Bouillaud, retired.

—Dr. Ralph M. Townsend has returned from the Bermuda Islands improved in health. He does not, however, speak favorably of that place as a health resort.

—Elias Wildman, D. D. S., has resigned the deanship of the Philadelphia College of Dental Surgery, and George Barker, D. D. S., has been elected Dean in his place.

—Dr. Brown-Séquard has been offered the chair of Physiology in the new medical faculty of Geneva.

Items.

—At the Eye and Ear Department of the Philadelphia Dispensary 243 cases were treated and 2034 visits made by patients during the past month.

—The new lunatic asylum at Moorestown, New Jersey, is now nearly completed, and will be ready for the reception of patients about the last of June or first of July next. The total cost of the buildings has been $2,250,000. The late Legislature granted the commissioners an additional appropriation of $300,000 for furnishing and completing them. The buildings are very beautiful, and have 430 acres of land attached.

—The New York Board of Health last week made the gratifying announcement that scarlet fever and small-pox, which have prevailed to an unusual extent during the past month or so in that city, are now on the decline. That week the deaths from the former were 86, against 103 the week before; from the latter, 16, against 29. Diphtheria about holds its own; one week, 75; last week, 76.

—Good English authorities estimate the preventable deaths arising from impure air and water in that country at 15,000 annually.

—The Ninth International Statistical Congress will meet this year, the last of August, in Buda-Pest. Some of the questions announced for discussion are:—In what manner can the State secure the most accurate tables of mortality? How shall the movable population of cities be treated in census tables? The statistics of epidemics; the statistics of baths.

—A supposed *homo caudatus*, a man with a tail, or at least with a hairy appendage to the lower end of the spinal column, was presented before the Berlin Anthropological Society. Investigation, however, proved the tail a hairy nævus of unusual size.

—At the depth of twenty-six meters the temperature of the soil is invariable. It is 12.41° C.

QUERIES AND REPLIES.

Pruritus in Pregnancy.

In answer to the inquiry of Dr. G. L. C., of South Carolina, concerning "Pruritus in Pregnancy," I suggest he tries—

R.	Sodæ borax,	ounce ss
	Morph. sulph.,	grains vj
	Aquæ rosæ distil.,	ounces viij. M.

Apply three or four times daily with a bit of sponge, first washing the parts with tepid water and soap, and dry them before applying the lotion.

I have used the above (taken from Colombat, by Meigs, page 276) in a number of cases, without a single failure. Respectfully yours,

Cecilton, Maryland. SAMUEL E. WILLS, M. D.

To Disguise Tannin.

Dr. U. B. K., of Pa.—"How can the *astringent taste* of *tannin* be overcome, without *affecting* its *medical virtues*, when dissolved in water acidulated with acetic or muriatic acid?"

Professor J. M. Maisch kindly furnishes us the following reply to the above:—

"In answer to the query as to how the taste of tannin can be disguised, I have to say that if a *complete masking* of the astringent taste is intended, I do not believe that can be attained; but if the astringency is to be modified so as to become palatable, I do not think that the task is very difficult. Cinnamon, cloves, sassafras bark and other aromatic drugs contain considerable amounts of tannin, yet their astringent taste is not unpleasant—it being modified by the aromatic principles. A large amount of tannin is found in wild cherry bark, yet the cold infusion is not very unpleasant, owing to the bitter almond taste developed, but the taste of the syrup is more agreeable on account of the sugar contained therein.

"The agents best adapted for modifying the astringency of tannin, therefore, appear to be aromatics and sugar, used separately or combined. This plan has been adopted in several fluid extracts and syrups of the United States Pharmacopœia, and is well illustrated by the aromatic syrup of galls, used to some extent in this city, and which contains in 8 fluid ounces the tannin and aromatic principles of 4 drachms of nutgalls and 2 drachms each of cinnamon and mace. This syrup contains over 15 grains of tannin in the fluid ounce, but is readily taken by infants."

OBITUARY.

DR. R. R. PORTER,

Of Wilmington, Delaware, died suddenly, of apoplexy, April 14th. He was a native of Wilmington, having been born there in September, 1811, and at the time of his death was nearly sixty-five years old. He was educated at a classical institution, went to Philadelphia, when but twenty-one, to study medicine at the Jefferson Medical College, and graduated with an excellent record at twenty-three. For some time he practiced in that city, and was at one time a physician in the Friends' Insane Asylum at Frankford, Pennsylvania. Three years after having graduated, when he was twenty-six years of age, he went to Wilmington, and opened an office; he remained up to the time of his death one of the most prominent physicians in the city. For some years he had retired from practicing, having been in feeble health. His practice was a lucrative one, and he has always stood high in the estimation of the profession. He was elected President of the State Medical Society upon more than one occasion, and has represented that society in the American Medical Association; he was, we believe, at one time its Vice-President.

He married a daughter of the late Judge Hall, thirty years ago, and had five children, all of whom are yet alive. He was an active member of the Historical Society, and of the Presbyterian Church. The doctor was universally respected throughout the city, and his sudden death will cause universal regret.

DR. W. C. WOOLFOLK.

At a meeting of the Owensboro (Kentucky) Medical Society, held on the evening of April 18th, 1876, the following memorial was ordered to be recorded in the minutes of the Society, to be published in the city papers, and in the weekly MEDICAL AND SURGICAL REPORTER, and that the Secretary send a copy to the family:—

The death of Dr. W. C. Woolfolk has deprived us of one of our most active and useful members. The Society mourns its loss, whilst each of its members feels that there has been taken from himself a friend, genial and kind, whose professional career was marked by a noble sympathy with human suffering, and by untiring labor to relieve it.

The Society orders that a page of its record book be set apart for an inscription to his memory.

J. F. KIMBLEY, *President.*

C. C. LEWIS, *Secretary.*

MARRIAGES.

MCCARTY—MCELROY.—At the residence of the bride's father, by Rev. Mr. Walker, on the 13th inst., Dr. J. W. McCarty, of Owensboro, Ky., and Miss Mary McElroy.

WENZEL—HENDRICKS.—At the residence of the bride's mother, near New Cassel, Wis., on April 28th, 1876, by the Rev. G. H. Moulton, Henry P. Wenzel, M. D., fomerly of Germany, and Miss Mary A. Hendricks, of New Cassel, Wisconsin.